

## Town of Sterling

Select Board

| PERMIT #   |
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| PERMIT FEE |
| FEE PAID:  |

## **Automatic Amusement LICENSE APPLICATION**

## **Please PRINT**

| Name:  |  |
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| (Name of Business of   | or Organization or Individual)           |
| Person:  |  |
| (Person Res  | sponsible for License)                   |
| Address:   | Phone:                                   |
| (Street and Number)  | Cell Phone:                              |
| (City or Town and Zip Code)  | Email:                                   |
| <b>Location and Phone Num</b>  | mber where license is to be used:        |
| Address:   | Phone:                                   |
| (Street and Number)  |  |
| (City or Town and Zip Code)  LIST NAME AND TYPE OF EACH DEVICE SEPAR | ATELY:                                   |
|  |  |
| THIS LICENSE EXPIRES OF  | N DECEMBER 31 <sup>ST</sup> OF EACH YEAR |
| Signature of Licensee  | Print Name                               |
| F.I.D OR Social Security Number                                      | Date:                                    |